FEB 1 3 2006

PTO/SB/17 (12-04)

06

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Reduction Act of 1995, no nex and to a collection of information unless it displays a valid OMB control number

COMPENS Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/463.024 **Application Number** FEE TRANSMIT 2/15/2002 Filing Date For FY 2005 First Named Inventor <u>G. Ganga Raiu</u> Vanik, David L **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1615 TOTAL AMOUNT OF PAYMENT (\$) 455.00 IHEAL-01063US1 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: 23910 - Fliesler Meyer LLP Deposit Account Deposit Account Number: 06-1325 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee_(\$) Fee (\$) Fee (\$) 200 300 100 Utility 150 500 250 130 65 Design 200 100 100 50 160 80 Plant 200 100 300 150 600 300 300 Reissue 150 500 250 0 Provisional 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) **Fee Description** Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims **Extra Claims** Fee Paid (\$) **Total Claims** Fee (\$) Fee Paid (\$) 20 - 24 or HP = ___00___×_ 0.00Fee (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims 3 - 3 or HP = ____× HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) / 50 = - 100 = (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: RCE (\$395.00); Extension of Time (\$60.00) SUBMITTED BY Registration No. Telephone 415.362.3800 Signature (Attorney/Agent)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Name (Print/Type) Anthony G. Craig